

ANOMALOUS CASES OF GENERAL PARESIS.¹

By E. D. FISHER, M.D.

A GENERAL definition of general paresis may be given as a disease of the nervous system, especially of the brain, in which, pathologically, we find a diffuse inflammation of the membranes and cortex of the brain, and also of the membranes and systemic tracts of the cord. Clinically, the mental disorder manifests itself by a progressive dementia, preceded either, as a rule, by exaltation and expansiveness of ideas, or more rarely by depression. Associated with this psychical condition, we have motor, sensory and vasomotor disorders, which manifest themselves by tremor, ataxia and paresis.

Typical cases follow a more or less well-defined course, the somatic and psychical symptoms going on hand in hand, and finally terminating, in two or three years, in death.

Of late years, many cases have been reported which differ largely from this clinical picture just drawn. Savage, in his work on *Insanity*, (1884), refers to a type of case in which all the physical signs of the disease are present, but none of the mental or psychical; or, again, where only dementia of a simple character is present. He found that the course of the disease was often, in these cases, very protracted, extending over many years,—a doubtful diagnosis in the early stages frequently, however, being confirmed by characteristic symptoms in the later course and termination of the disease.

It seemed to me, in the light of the difficulties at times of diagnosis, in these irregular cases, of interest to bring the matter before the Society.

It is not an infrequent experience to have our diag-

¹ Read before the New York Neurological Society, Nov. 7, 1893.

nosis disputed, both by the friends and by the physician in attendance, in this form of the disease, especially as under proper care improvement takes place, and as, also, the duration of the disease is so long protracted.

In the future, as the symptomatology and pathology are more exactly understood, there may be made subdivisions of the general disease.

It has suggested itself to me that when either alcohol or syphilis seems to be a prominent or exceptional etiological factor, the so called somatic symptoms are usually the most marked. Another explanation of these cases may be that the prodromal stage is protracted. In fact, the disease, as a rule, long antedates its first recognition by friends and physicians. On careful investigation, we often found that there had been evidence of some peculiarity or change in the character for some years past. In mental disease, the emotions are probably the first to show evidence of disease. This may express itself in undue exhilaration over a slight thing in itself, or depression on the other hand. Sudden outbursts of irritability may become frequent,—or, again, a disregard for the feelings or convenience of others entirely foreign to the usual character, may occur. Again, for a number of years carelessness in business affairs may show themselves. *Meum* and *tuum* may become confused, leading to legal complications, and yet at this period it may be difficult to make a positive diagnosis. On the somatic side we may notice evidence of motor disturbance, perhaps slight tremor, evidenced in the slowness or clumsiness in speech; or, again, a slight ataxic or spastic gait. Perhaps most marked of all is the lack of actual concern on the part of patient in regard to his health, or even his business affairs. While easily excited to an emotional state on discussing his affairs or conditions, still there is evidently no deep appreciation of it and where previously, he has brooded over them, fearing ruin, perhaps, now he has a species of self-satisfaction and contentment.

In other cases, again, the early symptoms may all in-

dicate hypochondria, only later to develop, with rapid strides, into a well-defined case of general paresis.

With these remarks, I will detail briefly a few cases which have recently been under my observation.

A. B.; age, 55; merchant. No previous history of syphilis. Habits temperate. Family history: insanity on maternal side.

The family first noticed, ten years before his death, that his speech was somewhat clumsy and unintelligible, and that he was uncertain in his walking, together with considerable unsteadiness in his hands, especially in holding his cup or knife and fork at table.

His statements as to his business were of the expansive order, and while not extravagant, there was less restraint in his use of money. He became very social, and had no anxiety in regard to anything.

The symptoms would not have been elicited or thought of except on careful examination. Two years later, a physician made the diagnosis of general paresis. The patient continued in business, and except that he began to lose interest and appreciation of his affairs, no further mental symptoms developed. The physical signs of the disease became more and more apparent.

Speech was jerky, and scarcely intelligible at times when excited. Movements of upper and lower extremities became very ataxic, so that he was scarcely able to feed himself or to walk without assistance.

The patient came under my care during the last five years of his life.

Examination showed excessive tremor of tongue and muscles of the face. Ataxia and tremor of the upper extremities, with ataxia and exaggerated reflexes in the lower extremities. Pupil changes not marked. Speech became still more unintelligible. Several times a year would have attacks of maniacal excitement or epileptic seizures. With the exception of a rather fatuous expression of well-being, in which, even to the last, he expressed himself as feeling well, no mental symptoms developed. The duration of this case was at least nine years, and in all probability much longer.

The evidence would indicate that we had here a chronic meningo encephalitis, with degenerative change in the lateral and posterior tracts of the cord.

The second case, C. D., is still under observation. Patient, male; age, 38. Family history negative. Duration of disease, between two and three years. Friends have noticed, for some time, that patient has been erratic, and subject to loss of control. Easily excited to anger or even violence. Except this, he is rather forgetful, and has lost interest in his personal affairs to a large extent; no mental symptoms are present. Physical signs: shows the peculiar fatuous expression common to the disease; some tremor of tongue, very slight of the face. Speech clumsy. Has had two or three attacks of aphasia, of short duration, lasting from several hours to a day. Physical condition good, and at times there seems to be great improvement in all the symptoms.

This will probably prove to be one of the prolonged type of cases.

A third case might be questionable as to diagnosis, but from the symptoms which I will detail, I feel certain that time will definitely settle the diagnosis as general paresis.

Patient, male; age, 45; occupation, tailor. Family history negative; syphilis. Patient first noticed some weakness in his left hand, which gradually developed into a paresis, rendering it impossible for him to carry on his work. Paresis gradually showed itself in his left leg. Examination shows left hemiplegia, with marked intention tremor, combined with paralysis agitans of left hand. Reflexes exceedingly exaggerated. Face has the characteristic blank expression of the disease. Marked fine tremor present in the muscles of the face and tongue. Speech slow and clumsy, with almost complete inability to pronounce certain expressions as "truly rural," etc. There never has been any mental symptoms, such as delusions of grandeur, etc., but there is present some slight dementia and the fatal contentment with his condition.

The last case I shall refer to is that of a negro, in which I obtained the autopsy, and which I have reported elsewhere.

E. P.; age, 42; colored; occupation, cook. Admitted to the city asylum September 1, 1892. Family history

negative. Patient said that his memory was defective, and had delusions of persecution. Examination showed marked tremor of the muscles of the face and of the tongue and hands. There was ataxia of the extremities, and the reflexes were exaggerated. Speech was very slow. This condition remained unchanged, except that he had frequent attacks of petit mal. There were no symptoms of delusions of grandeur, except that while scarcely able to walk, or to perform any complicated act with his hands, he insisted that he was perfectly well and able to resume his work. The patient died of pneumonia in January, 1893. Post mortem revealed a meningo-encephalitis with an extensive meningeal hemorrhage, involving the right side. Microscopically, the cortex showed degeneration of the cells in many localities, with little or any affection of the blood vessels. Probably within the cord, had this been examined, degenerative changes would have been found.

Considering these cases, and many others that I could refer to, when the course of the disease seems to be almost arrested, or even does not commence in the usual manner, it would seem that general paresis, at least in cases where the patient is placed under good hygienic surroundings, and relieved from the excitement and worry attendant on life in general, may be much altered in its course, and to such an extent, indeed, as to make the diagnosis a question of doubt.

I think, however, we always will find some dementia present, even as in the early stages of a classical case, with exaggerated idea of wealth and ability; through it all we recognize the inconsequence of ideas and responsibilities essentially characteristic of dementia.

This latter condition becomes more apparent if these cases are allowed to engage in their ordinary avocation. It will be often seen when they are removed from hospital care, or permitted to resume their business, when improvement takes place physically and mentally, that the course of the disease becomes a rapid one towards physical exhaustion and dementia.